

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

10/603,531  
Application or Docket Number

2000P13026W005

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20 =	* 0
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

6/25/03 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 12	Minus	** 30 = <input checked="" type="checkbox"/>
Independent	* 2	Minus	*** 3 = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	Fee
BASIC FEE	375.00
OR	BASIC FEE 750.00
X\$ 9=	
OR	X\$18= 0
X42=	
OR	X84= 0
+140=	
OR	+280= 0
TOTAL	OR TOTAL 750

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18= <input checked="" type="checkbox"/>
X42=	
OR	X84= <input checked="" type="checkbox"/>
+140=	
OR	+280= <input checked="" type="checkbox"/>
TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 12	Minus	** 30 = <input checked="" type="checkbox"/>
Independent	* 2	Minus	*** 3 = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18= <input checked="" type="checkbox"/>
X42=		OR	X84= <input checked="" type="checkbox"/>
+140=		OR	+280= <input checked="" type="checkbox"/>
TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE		

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 12	Minus	** 30 = <input checked="" type="checkbox"/>
Independent	* 2	Minus	*** 3 = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18= <input checked="" type="checkbox"/>
X42=		OR	X84= <input checked="" type="checkbox"/>
+140=		OR	+280= <input checked="" type="checkbox"/>
TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.